Date

Subject: Budget Period 3 (2021-2022) Designee/Proxy

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PHEP Region Coordinator Name) (PHEP Region Name)

appoint/designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the **Designee/Proxy** to represent

 (Name of Designee/Proxy) (Select Designee or Proxy)

myself at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Healthcare Coalition meetings in my

 (Healthcare Coalition Name)

absence. If \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been appointed to serve as a

(PHEP Region Coordinator Name)

Designee and/or a Proxy for a local county health department, with their approval, then my

Designee/Proxy will serve to fill that role.

(Select Designee or Proxy)

Sincerely,

PHEP Region Coordinator Physical Signature for Proxy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PHEP Region Coordinator Printed Name)